



Rhode Island Department of Business Regulation
Division of Building, Design & Fire Professionals
STATE BUILDING OFFICE

ASSOCIATE HOME INSPECTOR NEW LICENSE APPLICATION

Please type or print legibly. Incomplete or unreadable applications will be returned. Please allow 7-10 business days for processing.

APPLICANT INFORMATION			
Type of License Requested: New		Fee: Two Hundred (\$200) Dollars	
Name:		Driver's License #:	
Date of Birth:	Rhode Island Resident? Yes No		
Residential Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Phone Number:	Cell Phone:	Email:	
Have you ever, or do you currently, hold any other professional licenses or registrations in this or any other state? Yes No			
If yes, provide license type, state(s) and number(s)			
Have you ever been denied, or had any professional licenses or registrations suspended or revoked? Yes No			
If yes, please explain:			
BUSINESS /EMPLOYER INFORMATION (if applicable)			
Entity Name:		Phone Number:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Type of Entity:	Individual	Sole Proprietor	Partnership Corporation LLC
This entity is currently and properly registered with the Rhode Island Secretary of State: Not applicable Yes No			
Who is the responsible person for this entity?		License #	
Provide Information for Partnership / Corporate Officers			
Name	Address	Date of Birth	Driver's License Number

ERRORS AND OMISSION POLICY AND LIABILITY INSURANCE

R.I. Gen. Law § 5-65-10 requires that every licensed home inspector and associate home inspector shall secure, maintain, and file with the board a certificate of insurance for an errors and omissions policy and a certificate of insurance for a general liability policy; both shall be for a minimum amount of five hundred thousand dollars (\$500,000) in the aggregate. These certificates must be valid from the date a license is issued until the license expires. This proof shall be deemed satisfactory if the policy is carried by the corporation, partnership, or franchise for which the home inspector is a contracted employee and the home inspector or associate home inspector is specifically covered by such policy.

ERRORS AND OMISSION POLICY INFORMATION

Policy Holder:	Policy Number:
Insurance Agency Name:	Insurance Agency Telephone:
Agency Address:	
Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No	

LIABILITY INSURANCE POLICY INFORMATION

Combined with Errors and Omission Policy

Policy Holder:	Policy Number:
Insurance Agency Name:	Insurance Agency Telephone:
Agency Address:	
Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No	

WORKER'S COMPENSATION INSURANCE

Do you, or does the entity, have or plan to have one (1) or more employees? Yes No	FEID #
If yes, then pursuant to R.I. Gen. Law § 28-29-1, <i>et seq.</i> , you are required to provide Workers Compensation Insurance that is recorded with the R.I. Department of Labor and Training and shall remain in effect for as long as one (1) or more persons are employed.	
Policy Holder:	Policy Number:
Insurance Agency Name:	Insurance Agency Telephone:
Agency Address:	
Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No	

AGENT OF SERVICE (Non-resident applicants only)

No license shall be issued to a non-resident applicant until he or she has filed with the Board a power of attorney constituting and appointing a registered agent (an attorney whose office is located within the boundaries of the State of R.I. or a registered agent listed with the R.I. Secretary of State) upon whom all processes in any action or legal proceeding against him or her may be served, and in the power of attorney agrees that any lawful process against him or her which may have been served upon his or her registered agent is of the same force and effect as if served on the non-resident applicant, and that the force continues irrevocably until such time as the Board has been duly notified in writing of any change.

Agent of Service Name: _____ Telephone Number: _____
Address: _____

TAX PAYER STATUS

Pursuant to R.I. Gen. Laws, § 5-79-1, *et seq.*, any person applying for or renewing any license, permit, or other authority to conduct business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator?

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? Not applicable Yes No

HOME INSPECTIONS

- Has assisted in at least fifty (50) home inspections in the presence of a licensed home inspector.
- Has passed an examination approved or administered by the board. The examination may have been passed before January 1, 2020.

Documentation of at least fifty (50) home inspections in the presence of a licensed home inspector.

Yes No

Documentation provided which shows successful completion of examination?

Yes No

ACKNOWLEDGEMENTS

(Each box must be checked)

I swear, under the pains and penalties of perjury, that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies, and/or failure to make full disclosures may be deemed sufficient reason to deny or revoke licensure by the Rhode Island Department of Business Regulation:

That I understand and agree to comply with all laws, rules, regulations, and industry standards to the best of my ability; and
That I shall participate and make good faith efforts to resolve all complaints, violations, and/or contested cases within the jurisdiction of the Board. Failure to do so shall result in the Board taking action against me to the extent allowable by law, including suspension or revocation of my license, without which a home inspector or associate home inspector cannot perform work in the state of RI.

Signature

Date

Print

SUBMISSION

Submit this application, with all supporting documents and fee to:

RI Contractors' Registration and Licensing Board
560 Jefferson Boulevard
Warwick, RI 02886
Make Checks Payable to RI CRLB

OFFICE USE ONLY

Date Received:	
Application Complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation of completed examination	Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation of Liability Insurance. (\$500,000)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation of Errors and Omissions Insurance. (\$500,000)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation of Worker's Compensation Insurance	Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation of at least fifty (50) home inspections?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation of Agent of Service	Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Application Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	License Number Issued:
Fee Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	

DOCUMENTATION OF INSPECTIONS				
#	Date	Location	Name	Contact Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

DOCUMENTATION OF INSPECTIONS				
#	Date	Location	Name	Contact Number
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				